

HAMPSTEAD COMMUNITY CENTRE AFTER SCHOOL PLAYCENTRE

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hampsteadcommunitycentre@btconnect.com

REGISTRATION FORM

Please use BLOCK CAPITALS for all your answers

Child

Surname of Child: _____

First Name of Child: _____

Date of birth: _____

Female Male (please ✓)

School attended: _____

What do you consider to be your child's first language? _____

Are you a resident of Camden? _____

Parent/Carer

Full Name: _____

If you are working or a student, where can we contact you?

Full Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

☎ _____ Mobile ☎ _____

☎ _____ Mobile ☎ _____

Email: _____

Other adults authorised to collect your child from the Playcentre

Will anyone apart from Parent/Carer be collecting your child from the Playcentre? Yes No (please ✓)

If so, this must be a responsible person over 16, and you should give us details about them here.

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

☎ _____ Mobile ☎ _____

☎ _____ Mobile ☎ _____

Emergency contact.

Please list members of the family/friends who may be contacted in the event of an accident or emergency. This person may also be contacted in the event of the non-collection of your child.

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

☎ _____ Mobile ☎ _____

☎ _____ Mobile ☎ _____

Children aged 8 and over

If you want your child to arrive and/or leave the Playcentre unaccompanied, you must provide written consent.

Signed (as proof of consent): _____

Health/Personal Matters

It is essential that we know about your children's needs. Details about your child's health are completely confidential, and will not make any difference to your child's application to attend the Playcentre. However you MUST tell us your doctor's name, telephone number and address.

Name of Child's Doctor: _____ ☎ _____

Address: _____

You MUST answer the following questions below. If you answer yes to any of them, ask for a "Personal Needs" form.

Does your child have any allergies (including to sun block)? Yes No (Please ✓)

Does your child need any medication on a permanent basis? Yes No (Please ✓)

Does your child have a disability? Yes No (Please ✓)

Are there any foods your child must not eat for religious or other reasons?

Yes No (Please ✓)

Is there anything else we should know about?

Yes No (Please ✓)

How would you describe the ethnic origin of your child?

To ensure our service meets the need of Camden's diverse communities, it would be helpful if you could answer the following questions (please ✓ appropriate boxes) **The ethnic group I most identify my child with is:**

Asian or Asian British: Bangladeshi Indian Pakistani Other Asian (Please specify): _____

Black or Black British: African Caribbean Other Black (Please specify): _____

White: British Irish Other White (Please specify): _____

Mixed: White & Black African White & Asian White & Caribbean Other Mixed (Please specify): _____

Chinese or Other Ethnic Group: Chinese Other Group (Please specify): _____

Consent for Supervised Outings

The Playcentre occasionally organises outings. These are activities such as visits to parks/playgrounds and Arts Centres.

Please let us know: Is there any activity that you do not wish your child to take part in: Yes No (Please ✓)

If **yes**, please give details

Consent and Signatures of Parents/Carers

- I understand the questions on the form and have given full replies to them. I know that if my child has special health or dietary needs I must also complete a **"Personal Needs" form**.
- I give my consent for my child to participate in outings, (with any exceptions I have indicated above).
- I give my consent to any emergency medical treatment necessary during Playcentre activities and, therefore, authorise the Play staff to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment be necessary. This is provided every effort has been made to reach me and seek my permission, and that delay in treatment is likely to endanger the child's health or safety in the opinion of the doctor or hospital.
- On occasion we take photos of children. If do not want your child to be photographed please put a tick in the box

SIGNED

DATE

Booking Details (please fill in fully)

Please indicate clearly which days during term-time you want to apply for by ✓ the relevant box:

Monday Tuesday Wednesday Thursday Friday

I understand that all fees for days booked must be paid in full at the start of each half-term, are non-refundable and cannot be exchanged for other days.

SIGNED

DATE

FOR PLAY STAFF USE ONLY (✓ boxes complete and sign form)

Health questions checked and Personal Needs form not required attached

Proof of residence/borough school attendance seen Yes No

Proof of type of concession seen (in words) :

Concession:

Income Support Housing Benefit + Student/Trainee

Children in Need (referred by Social Services)

Standard Rate:

Standard

Tax Credit

Higher Rate:

Non-resident

Amount enclosed: £..... For:.....

Play staff signature:..... Date:.....

Personal Needs Form

Please use **BLOCK CAPITALS** for all your answers.

This form is to be used in **addition** to a Registration Form if there is extra information we need to know.

Childs Name _____

Allergies: If your child has any allergies, please give details _____

Disability: If your child has a disability. Please give details _____

Medication: If your child needs medication on a permanent basis, please give details:

Name of Medication	Amount of dose	Side effects of medication

If you require a Playworker to administer a dose authorisation must be given by the Senior Playworker.

Food: If there are any foods your child must not eat, for personal, medical or religious reasons, please tell us about them:

Any other information _____

Parent/Carer name _____ **Signed** _____ **Date** _____